

Oregon Health & Science University 2020-2021 Graduate Research Union Student Health Insurance Plan



Eligibility

All registered Oregon Health & Science University (OHSU) domestic and international students in eligible programs are automatically enrolled in the OHSU-sponsored Student Health Insurance Plan.

PLAN BASICS

This flyer is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy.

At OHSU Health & Wellness Center: Annual deductible, copays and coinsurance are waived for most services rendered at OHSU Health & Wellness Center. Services provided at OHSU Health & Wellness Center include treatment of major and minor illnesses, minor injury care, women's health care (gynecology, contraception, IUDs and pap smears), as well as basic dermatology and orthopedics. Counseling and behavioral health services are also an integral part of our services including counseling for depression, anxiety, grief and crisis intervention. Diagnosis and treatment of a wide range of behavioral health conditions is also offered.

BENEFIT MAXIMUMS & DEDUCTIBLES		2020-2021 MEDICAL MONTHLY PLAN COST AND COVERAGE PERIODS	
Benefit Maximum	Unlimited	COVERAGE PERIODS	Annual 09/22/2020 through 09/21/2021
Deductible	Preferred Provider: \$ 300 per Insured Person, per Policy Year Non-Preferred Provider: \$ 600 per Insured Person, per Policy Year	Employee	\$ 0.00
Out-of-Pocket Maximum	Preferred Provider: \$ 3,000 per Insured Person, per Policy Year Non-Preferred Provider: \$ 6,000 per Insured Person, per Policy Year	Employee + 1	\$ 114.06
		Employee + 2	\$ 228.12
		Employee + 3	\$ 342.18
		Employee + 4	\$ 456.24

The PPO network is Voyager.

BENEFIT CATEGORY	Preferred Care	Non-Preferred Care
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on the Recognized Charge</i>
Room and Board Expense	80% after a \$250 Copay per admission	50%
Inpatient/Outpatient Surgery	80% after a \$100 Copay	50%
Physician's Office Visit Expense	100% after a \$25 Copay per visit	50% per visit
Laboratory and X-Ray Expense	80%	50%
Emergency Room Visit <i>Copay waived if admitted</i>	80% after a \$250 Copay per visit	80% after a \$250 Copay per visit
Prescription Drugs	<i>At pharmacies contracting with PacificSource Pharmacy Network</i> 100% after a \$25 Copayment per Preferred Generic Drug \$50 Copayment per Preferred Brand Name Drug \$75 Copayment per Non-Preferred Brand Name Drug 20% up to \$250 per Specialty Drug	100% after a \$25 Copayment per Preferred Generic Drug \$50 Copayment per Preferred Brand Name Drug \$75 Copayment per Non-Preferred Brand Name Drug
Preventive Care Services <i>For more information, please visit healthcare.gov/preventive-care-benefits/</i>	100% per visit <i>(deductible waived)</i>	50% per visit

To view all enrollment and coverage periods available, please visit ohsu.myahpcare.com.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at ohsu.myahpcare.com.



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